

# Uniform Application for Third Party Administrator

## License

(Please Print or Type)

Check if Renewal

### INSTRUCTIONS:

If there have been no changes in the documentation submitted with your last renewal, submit this completed application, renewal fee and the items listed in the Schedule of Requirements located on our website at [www.in.gov/doi](http://www.in.gov/doi) as instructed.

|                                                                                |                       |                                                                       |        |                           |                          |
|--------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------|--------|---------------------------|--------------------------|
| ① Applicant Name                                                               |                       | ② Incorporation/Formation Date<br>(month) ____ (day) ____ (year) ____ |        | ③ FEIN<br>-               |                          |
| ④ DBA/Trade Name (if applicable)                                               |                       | ⑤ State of Domicile                                                   |        | ⑥ Country of Domicile     |                          |
| ⑦ Business Address                                                             |                       | ⑧ City                                                                |        | ⑨ State                   | ⑩ Zip or Foreign Country |
| ⑪ Phone Number<br>( ) -                                                        | ⑫ Fax Number<br>( ) - | ⑬ Business Web Site Address                                           |        | ⑭ Business E-Mail Address |                          |
| ⑮ Mailing Address                                                              |                       | ⑯ P.O. Box                                                            | ⑰ City | ⑱ State                   | ⑲ Zip or Foreign Country |
| ⑳ Does the administrator service a governmental or church plan? ____yes ____no |                       |                                                                       |        |                           |                          |

### Owners, Partners, Officers and Directors

| ⑳ Identify sole proprietor or all owners, partners, officers and directors of the applicant list the percentage of ownership if applicable: |            |          |     | “Percentage of ownership” |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|-----|---------------------------|
| Name_____                                                                                                                                   | Title_____ | SSN_____ | - - | _____%                    |
| Name_____                                                                                                                                   | Title_____ | SSN_____ | - - | _____%                    |
| Name_____                                                                                                                                   | Title_____ | SSN_____ | - - | _____%                    |
| Name_____                                                                                                                                   | Title_____ | SSN_____ | - - | _____%                    |
| Name_____                                                                                                                                   | Title_____ | SSN_____ | - - | _____%                    |
| Name_____                                                                                                                                   | Title_____ | SSN_____ | - - | _____%                    |
| Name_____                                                                                                                                   | Title_____ | SSN_____ | - - | _____%                    |
| Name_____                                                                                                                                   | Title_____ | SSN_____ | - - | _____%                    |
| Name_____                                                                                                                                   | Title_____ | SSN_____ | - - | _____%                    |
| Name_____                                                                                                                                   | Title_____ | SSN_____ | - - | _____%                    |
| Name_____                                                                                                                                   | Title_____ | SSN_____ | - - | _____%                    |
| Name_____                                                                                                                                   | Title_____ | SSN_____ | - - | _____%                    |
| Name_____                                                                                                                                   | Title_____ | SSN_____ | - - | _____%                    |
| Name_____                                                                                                                                   | Title_____ | SSN_____ | - - | _____%                    |
| Name_____                                                                                                                                   | Title_____ | SSN_____ | - - | _____%                    |
| Name_____                                                                                                                                   | Title_____ | SSN_____ | - - | _____%                    |
| Name_____                                                                                                                                   | Title_____ | SSN_____ | - - | _____%                    |
| Name_____                                                                                                                                   | Title_____ | SSN_____ | - - | _____%                    |
| Name_____                                                                                                                                   | Title_____ | SSN_____ | - - | _____%                    |
| Name_____                                                                                                                                   | Title_____ | SSN_____ | - - | _____%                    |
| Name_____                                                                                                                                   | Title_____ | SSN_____ | - - | _____%                    |

I certify that ☐ there have been no changes to any application information and documentation submitted during the last year; or  
I certify that ☐ there have been changes to the previously submitted application information and documentation and the revised documentation is attached

| Jurisdictions                                                                                   |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |
|-------------------------------------------------------------------------------------------------|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|
| If Applicable, Check <b>Resident</b> Jurisdiction to which you are licensed or applying         |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |
| AL                                                                                              |  | CT |  | ID |  | ME |  | MT |  | NC |  | RI |  | VA |  |
| AK                                                                                              |  | DC |  | IL |  | MD |  | NE |  | ND |  | SC |  | WA |  |
| AS                                                                                              |  | DE |  | IN |  | MA |  | NV |  | OH |  | SD |  | WV |  |
| AZ                                                                                              |  | FL |  | IA |  | MI |  | NH |  | OK |  | TN |  | WI |  |
| AR                                                                                              |  | GU |  | KS |  | MN |  | NJ |  | OR |  | TX |  | WY |  |
| CA                                                                                              |  | GA |  | KY |  | MS |  | NM |  | PA |  | UT |  |    |  |
| CO                                                                                              |  | HI |  | LA |  | MO |  | NY |  | PR |  | VT |  |    |  |
| If Applicable, Check <b>Non-Resident Jurisdiction (s)</b> to which you are licensed or applying |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |
| AL                                                                                              |  | CT |  | ID |  | ME |  | MT |  | NC |  | RI |  | VA |  |
| AK                                                                                              |  | DC |  | IL |  | MD |  | NE |  | ND |  | SC |  | WA |  |
| AS                                                                                              |  | DE |  | IN |  | MA |  | NV |  | OH |  | SD |  | WV |  |
| AZ                                                                                              |  | FL |  | IA |  | MI |  | NH |  | OK |  | TN |  | WI |  |
| AR                                                                                              |  | GU |  | KS |  | MN |  | NJ |  | OR |  | TX |  | WY |  |
| CA                                                                                              |  | GA |  | KY |  | MS |  | NM |  | PA |  | UT |  |    |  |
| CO                                                                                              |  | HI |  | LA |  | MO |  | NY |  | PR |  | VT |  |    |  |

| Background Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>22 Please read the following very carefully and answer every question:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <p>1. Has the applicant or any owner, partner, officer or director ever been convicted of, or is the applicant or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? <span style="float: right;">Yes ___ No ___</span></p> <p>“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.</p> <p>If you answer yes, you must attach to this application:</p> <p>a) a written statement explaining the circumstances of each incident,</p> <p>b) a copy of the charging document, and</p> <p>c) a copy of the official document which demonstrates the resolution of the charges or any final judgment</p>                                                                                                                                                                                                                                                                                 |  |
| <p>2. Has the applicant or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? <span style="float: right;">Yes ___ No ___</span></p> <p>“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer yes, you must attach to this application:</p> <p>a) a written statement identifying the type of license and explaining the circumstances of each incident,</p> <p>b) a copy of the Notice of Hearing or other document that states the charges and allegations, and</p> <p>c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.</p> |  |
| <p>3. Has any demand been made or judgment rendered against the applicant or any owner, partner, officer or director for overdue monies by an insurer, insured, producer, or anyone else or have you ever been subject to a bankruptcy proceeding? <span style="float: right;">Yes ___ No ___</span></p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <p>4. Has the applicant or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? <span style="float: right;">Yes ___ No ___</span></p> <p>If you answer yes, identify the jurisdiction(s): _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <p>5. Is the applicant or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? <span style="float: right;">Yes ___ No ___</span></p> <p>If you answer yes, you must attach to this application:</p> <p>a) a written statement summarizing the details of each incident,</p> <p>b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and</p> <p>c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |

### Background Information

6. Has the applicant or any owner, partner, officer or director ever had a contract or any other business relationship terminated for any alleged misconduct? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- copies of all relevant documents.

### Applicant's Certification and Attestation

- 23 The undersigned owner, partner, officer or director of the applicant hereby certifies, under penalty of perjury, that:

- All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the applicant to civil or criminal penalties.
- The administrator has made no material change or had a change in ownership or control since last renewal.
- There have been no changes to the administrative agreement and applicant has submitted any new agreements subsequent to the original issuance of the license.
- Every owner, partner, officer or director of the applicant either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
- I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
- If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.

### Attachments for Resident Applications Only

- 24 The following attachments must accompany the application if there have been changes to the supporting documentation:

- Basic Organizational Documents (Articles of Incorporation, Articles of Association, Partnership Agreements, Trade Name Certificate, Trust Agreement, Shareholder Agreement)
- Bylaws, Rules, Regulations or Similar Documents Regulating the Internal Affairs of the Applicant
- Biographical Affidavit(s) for newly elected officers and directors
- Statement Describing Business Plan (Must Include Information on Staffing Levels and Activities Proposed in this State and Nationwide)
- Copy of administrative agreement with completed Insurance Administrators Checklist attached.

### Attachments for Non-Resident Applications Only

(Provided your state has adopted 2002 model TPA law, if not a resident application must be submitted.)

- 25 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

- Original Letter of Certification from the resident license/registration jurisdiction dated within 90 days of applications (copies of your resident license/registration are not acceptable.)
- Our legal advisers have determined that Indiana Law 23-1-18-9 requires a foreign corporation to obtain a Certificate of Existence or Authorization from the Indiana Secretary of

State's office. If you have not complied with this requirement, we are suggesting that you do so immediately or you will be in violation. You should contact the Secretary of State at the following address:

Secretary of State  
Government Center – South  
Room E018  
Indianapolis, IN 46204  
(317) 232-6576

Once you have obtained the above Certificate of Existence or Authorization a copy will need to be submitted with your insurance administrator registration.

**Must be signed by an officer, director, principal or partner of the applicant:**

Month Day Year

Signature

Typed or Printed Name

Title

Address

City State Zip